

Participant Information		
First Name	Middle Initial	Surname
Address		
City		Postal Code
Email	Home Phone	
Date of Birth	Current Age	Gender

Parent/ Guardian Information		
First Name	Surname	
Address		
City		Postal Code
Email	Home Phone	
Cell Phone	Work Phone	

Parent/ Guardian Information		
First Name	Surname	
Address		
City		Postal Code
Email	Home Phone	
Cell Phone	Work Phone	

First Emergency Contact Information (MUST be available during Thrive programming hours)		
Contact Name		
Address		
City		Postal Code
Relationship	Home Phone	
Cell Phone	Work Phone	

Second Emergency Contact Information (MUST be available during Thrive programming hours)		
Contact Name		
Address		
City		Postal Code
Relationship	Home Phone	
Cell Phone	Work Phone	

Medical Information	
Does the participant have allergies?	Does the participant require an EpiPen?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergy details:	If yes, does the participant carry an EpiPen Yes <input type="checkbox"/> No <input type="checkbox"/> Where is it kept? _____
Does the participant take any medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list medication name, time administered and dosage if applicable.	

Detailed Participant Information
(Please check all that apply and provide explanation where necessary in the space provided)

Communication	
<input type="checkbox"/> Speech Deficit	<input type="checkbox"/> Non-Verbal
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Uses assistive communication device (i.e. - tablet, etc.)	

Toileting	
<input type="checkbox"/> Requires supervision/assistance	<input type="checkbox"/> Requires reminding

Eating	
<input type="checkbox"/> Requires assistance	<input type="checkbox"/> Requires reminding

### Physical

Does the participant have any physical limitations? Yes  No

If yes, please explain:

Limited Gross Motor Skills

Limited Fine Motor Skills

Manual wheelchair

Assistive Equipment

Motorized wheelchair

Walker

Cane

Crutches

### Behavioural/Emotional

Does that participant engage in aggressive behaviours? Yes  No

What triggers these aggressive behaviours? Please describe:

What strategies does the participant use to manage these aggressive behaviours? (i.e. taking personal space, etc.)

Does the participant engage in self- injurious behaviours? Yes  No

If yes, how often?  Frequently  
 Sometimes  Occasionally  Seldom

What triggers these self- injurious behaviours? Please describe:

What strategies does the participant use to manage these self- injurious behaviours? (i.e. taking personal space, etc.)

Does the participant have any other emotional concerns (attention seeking, shyness, anxiety, etc.) ?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how often? <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom
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What triggers these emotional concerns? Please describe:

What strategies does the participant use to manage these emotional concerns? (i.e. taking personal space, etc.)

Is there any other information your would like Thrive staff to know (Medical information, routines, etc.)

**Privacy and Confidentiality**

Abilities Centre is committed to protecting the privacy of its members. Abilities Centre staff treat the personal information of individuals participating in the Thrive program as confidential and share such information only as required by law or for consistent purposes as outlined in the Freedom of Information and Protection of Privacy Act. Individuals have a right to know how their information has been used and whether and to whom their information has been disclosed. Personal information about individuals participating in the Thrive program is used for the sole purpose of facilitating the Thrive program. It is treated as confidential, securely stored, and is accessible to and shared amongst Thrive staff only on a need to know basis.

## Personal Support

To ensure all Teen Thrive participants actively participate and enjoy Thrive, any participants in the following categories will require 1:1 personal care during summer camps:

- Individuals who are medically fragile, have a g-tube, tracheotomy tubes or those who require suctioning.
- Individuals who require assistance with personal care such as transferring, toileting, administering medication, feeding, personal hygiene, etc.
- Individuals with aggressive/behavioural concerns who require support to participate in group activities.
- Individuals who require redirection and experience difficulties following directions.

### Check applicable box:

Participant will be accompanied by own 1:1 personal caregiver

Participant requesting 1:1 personal care to be provided by Abilities Centre summer staff\*

\*Please note, if participant requesting 1:1 personal care to be provided by Abilities Centre summer staff, the MAXIMUM number of weeks that personal care will be provided is TWO WEEKS. If participants requiring 1:1 personal care will be attending more than two weeks of summer camp, they will be required to be accompanied by their own personal care worker.

All participants requesting 1:1 personal care will be required to conduct an assessment in person with a Thrive staff members. Requests for 1:1 personal care will be fulfilled based on availability of Abilities Centre staff, needs of participants and number of 1:1 personal care requests for that week.

Please provide explanation for 1:1 personal care

### For those participants accompanied by own 1:1 personal care worker:

An attendant, support worker or caregiver must be at least the age of 18 or over and must agree to assume full responsibility for the participants medical, physical, and/or behavioural needs while engaged in the Thrive program.

I/we have indicated that personal support is required at all times, and I/we agree that the personal support shall assume full responsibility for the participants medical, physical and/or behavioural needs while engaged in Thrive programming.

Participant Signature \_\_\_\_\_

Legal Guardian Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Personal Support Name \_\_\_\_\_

Personal Support Signature \_\_\_\_\_

Date \_\_\_\_\_

In consideration of my participation in any Thrive activity, I hereby release, waive and forever discharge Abilities Centre and their respective agents, officials, officers and employees of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused, arising or to arise directly or indirectly by reason of my participation in the activity, whether as a participant, spectator or otherwise, whether prior to, during or subsequent to the activity, and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid. I further hereby undertake to hold and save harmless and agree to indemnify Abilities Centre all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in the activity.

Participant Signature \_\_\_\_\_

Legal Guardian Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

**Consent and Release Form**

For the use of photos or other personal images for Abilities Centre promotional purposes I hereby grant and release to Abilities Centre the right to use photographs, audio tapes and/or videotapes in which I or my child (children) appear in any information, promotional and/or marketing materials such as videos, films, recordings, still photographs, digital images, social media (Facebook, Twitter, You Tube, Instagram, etc.) or articles relating to Abilities Centre, its programs and services including but not limited to, membership brochures, newsletters, annual reports or our website, whether broadcast on television, radio or any other medium.

In the event that these images are to be used for any other purpose by Abilities Centre that is inconsistent with the purposes outlined above, it is understood and agreed that my prior consent shall be obtained.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Legal Guardian (if applicable): \_\_\_\_\_

Date \_\_\_\_\_

Please check this box if you prefer not to give photo consent.

